PATENT APPLICATION FEE DETERMINATION RECOR								Application or Docket Number					
	PATENT A	RD											
		<del></del>	10,658448										
		CLAIMS AS	FILED - (Column		(Column 2)		SMAL TYPE	SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY		
то	TOTAL CLAIMS		-)(/				RAT	Έ	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		BASIC	FEE	375.00	OR	BASIC FEE	750.00	
TOTAL CHARGEABLE CLAIMS			14 minus 20=		• 24		X\$ :	X\$ 9=		OR	X\$18=	4137	
INDEPENDENT CLAIMS			2 minus 3 =		• /		X42=			OR	X84=		
MULTIPLE DEPENDENT CLAIM P			RESENT					+140=		OR	+280=		
* If the difference in column 1 is less than zero, enter "0" in column 2							TOT	AL		OR	TOTAL	1182	
CLAIMS AS AMENDED - PART II											OTHER		
8	9/04	04 (Column 1)		(Column 2		(Column 3) Si		LLI	ENTITY	OR	SMALL	ENTITY	
AMENDMENTA.		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	RAT	Έ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDW	Total	• 22	Minus	** 2	4	=	X\$ 9	)=		OR	X\$18=		
AME	Independent	* /	Minus ***			]=	X42	=		OR	X84=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							)=		OR	+280=		
	23						TC ADDIT.	TAL		OR	TOTAL ADDIT, FEE		
		(Column 1)	(Column 2) (Column 3)				_	,		•			
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	RAT	Έ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NON	Total	*	Minus	**		=	X\$ 9	)=		OR	X\$18=		
AME	Independent	* NTATION OF MU	Minus	***	CLAIM	=	X42	<u>:</u> =		OR	X84=		
<b>_</b> _	THOTTHEOL		JETH LE DET	LNDCIVI	ODAIII		+140			OR	+280=		
		•					ADDIT.	FEE		OR	TOTAL ADDIT. FEE		
_		(Column 1) CLAIMS		(Colui		(Column 3)	·						
AMENDMENT C		REMAINING AFTER AMENDMENT		NUM PREVI		PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	##		=	X\$ 9	)=		OR	X\$18=		
	Independent		Minus	***		]=	X42	=		OR	X84=		
L	FIRST PHESE	NTATION OF MI	JUIPLE DEF	PENDEN	CLAIM		+140				+280=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	TOTAL		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													

FORM PTO-875 (Rev. 12/02)

\*U.S. Government Printing Office: 2003-499-464/79011

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